

more than the natural amount, and this improvement lasted about six months after the discontinuance of the application, and then the sweating gradually returned, till it became as bad as ever.

"The writer has many times checked the sweating of the head and face of young children, often so profuse as to soak their hair and the pillow on which they have been sleeping. Again, by means of the belladonna ointment or liniment rubbed in two or three times a day, he has several times checked the profuse sweating of the hands, which is sometimes so copious as to run off them in drops, and is especially noticeable at the finger tips and thumb-balls. Sometimes the good effects are permanent, sometimes the sweating may not return for a considerable time; but occasionally, however, this treatment fails."

11. *Amount of Caffein in Coffee, and its Action on the Body.*—Dr. AUBERT, in an essay in part xii. of *Pflüger's Archiv*, states, that, though it is well known that coffee-berries and tea-leaves contain the same very poisonous alkaloid, caffein or thein, no researches have been undertaken to show how much caffein is contained in an ordinary cup of coffee. It is also an open question whether the coffee-berries should be lightly or strongly roasted, though it appears that experience has taught mankind the mode of preparation by which the largest quantity of the alkaloid is best extracted. Dr. Aubert has made a series of researches on these points in conjunction with Dr. Haase. Dr. Aubert's mode of determining the amount of caffein present in any given specimen is based upon its great solubility in chloroform, and especially in hot chloroform, whilst most of the other constituents of the berry are insoluble in it. His results show the presence of a larger amount of caffein than that given by most other experimenters, with the exception of Graham, Stenhouse, and Campbell, with whose analyses his own nearly coincide. The quantity he and they obtained is about 8 or 9 per cent. Aubert thinks that a cup of coffee prepared from about one ounce of coffee contains from four to five grains of caffein. His experiments on the effects of various degrees of roasting show that there is little caffein lost even when the coffee-berries are roasted black; in this respect he is in antagonism with Liebig. He obtains from the best Pekoe tea from 2.149 to 2.423 per cent. of caffein, the greater portion of which is extracted by the simple process of infusion.

As regards the physiological action of caffein he coincides with previous experimenters in considering that it causes increased reflex excitability and tetanus, the action resembling that of strychnia. If, however, one sciatic nerve be divided before the poisoning, that limb is not convulsed; hence it acts on the nerve centres. A frog is tetanized by the subcutaneous injection of a quantity not exceeding 0.005 of a gramme. 0.120 of a gramme injected into the jugular of a rabbit tetanizes it, and a cat or dog is tetanized by 0.2 of a gramme. It is remarkable that by maintaining artificial respiration for some time the symptoms of tetanus entirely disappear. Its action on the heart of mammals is that it causes acceleration of the beats, with diminution of the blood-pressure; this last effect he attributes to the poison paralyzing the ganglionic nerves of the heart.—*Lancet*, July 20, 1872.

MEDICAL PATHOLOGY AND THERAPEUTICS, AND PRACTICAL MEDICINE.

12. *Connection between Pulmonary Hemorrhage and Phthisis.*—In a paper contributed by Dr. Julius Sommerbrodt, of Breslau, to the June number of *Virchow's Archives*, the question whether the extravasation of blood into the air-cells of the lungs is ever the cause of consumption is very fully discussed. Numerous experiments were made by injecting blood taken from their own bodies into the tracheæ of dogs; the animals being killed at periods of time varying from one hour to twelve days after the operation. In those soonest

killed the blood was found to have penetrated into different parts of the lungs, but was accumulated in greatest quantity near the roots. At the end of the first day, the injected patch could be readily distinguished from the other portions of the lung by a well-defined difference in color, which, however, became fainter on the third day, and generally ceased to exist on the eighth day. In no case were fibrinous coagula found obstructing the bronchial tubes. In dogs killed in from two to three hours after the experiment, the microscope showed the presence in the alveoli, containing blood, of some pale cells, two or three times as large as the blood-corpuscles, and having a nucleus and opaque somewhat granular contents. Twenty-four hours later, these cells, which varied in size from 0.006 to 0.015 mm., had become more numerous; their nucleus was less distinct, and their contents were more opaque. The cells continued to increase in number until the fifth day, when they also attained their maximum size (0.021 to 0.024 mm.). Occasionally, Dr. Sommerbrodt has discovered within them corpuscular elements, which he has no doubt are blood corpuscles, not only because they resemble the corpuscles, lying free in the alveoli, but also because they are not stained by carmine as are the nucleus and nucleolus. He thinks, therefore, that they have penetrated into these cells. In animals killed after the seventh day, the cells were found to have become less round, to have a tendency to become crenated and more opaque, and to decrease in numbers. Dr. Sommerbrodt has no doubt that these cells take their origin from the walls of the alveoli, and has been able not only to trace the gradations from the healthy cell to those just described, but also to detect the points from which they have been thrown off. These appearances he attributes to catarrhal pneumonia, and he therefore asserts that blood is capable of exciting this form of inflammation; but, having never been able to discover thrombi in the minute bronchial tubes, he rejects the explanation of Niemeyer, believing that blood exercises a directly irritating effect upon the alveoli.—*Brit. Med. Journ.*, Sept. 7, 1872.

13. *Crystals in the Sputum in Bronchial Asthma.* By Prof. E. LEYDEN, of Königsberg, and Dr. E. SALKOWSKI.—The observations contained in this paper are based on four cases of bronchial or nervous asthma, of which the details are given, and two others are added in an appendix, having come under the observation of the author while the original paper was in the hands of the printer. The four original cases agreed in their symptoms in a marked degree. The patients were all young, strong, and otherwise healthy; the asthmatic attacks were characterized by a feeling of want of breath, with difficult loudly-wheezing respiration and a short cough; the attacks continued for hours or days, and disappeared suddenly without leaving behind any ill effects. The lungs were healthy to physical examination, and the attacks apparently altogether free from danger to life. In all the cases the expectoration presented similar characters, it was scarce during the attack, but richer after; it was generally tough, of a grayish-white colour, holding a number of fibres, flocculi, and masses suspended in a transparent basis. Some of these suspended masses appeared as roundish plugs or thread-like processes, drier than the rest and of a firmer consistence. Under the microscope these were seen to consist of closely packed round cells filled with dark granules, and in the midst of them a number of delicate crystals. The crystals were colourless, with a dull soft lustre, and had regularly the form of very pointed octahedra. The cells in these masses were generally somewhat destroyed, and the substance between them granular, the granules presenting molecular motion, but there was no appearance of spores or fungi. In addition to these peculiar masses, the sputum contained numerous other flocculi, consisting of pus corpuscles and epithelium. Crystals of a similar character have been observed at various times in different parts of the body; in the spleen and blood of leucæmic patients; in the substance of a mucous tumour (myxoma) of the optic nerve; in the sputum in a case of croupous bronchitis with asthmatic attacks, etc. Also in their chemical reactions, these crystals resemble those previously observed, especially by Neumann, in leucæmic blood, and in the medulla of bone; they dissolved readily in acids, alkalis, and water, but were insoluble in ether.

Looking to their clinical aspects, the cases described are to be set down as cases of co-called bronchial asthma. By some the asthmatic attacks have been looked on as merely the symptoms of a catarrh of the bronchial tubes (*Catarrhe sec* of Robin). But most are now of opinion that the attacks are caused by spasm of the circular muscles of the minute bronchi, the contraction of these muscles narrowing the tubes, and interfering with the admission of air. The author believes that this is the proximate cause of the attacks, but the question remains as to the cause of this spasm of the muscles. Does it depend on an affection of the central nervous system (*asthma nervosum*)? Or is it reflex, arising from a catarrh or other condition of the tubes? The author having discovered the existence of these crystals in the cases observed by him, believes that they are to be looked on as the excitors of the reflex action. Looking to the formation of similar crystals in leucæmic blood after death, it seems probable that in asthma, owing to some peculiarity, there is formed in the alveoli or minute bronchi, a substance which deposits these crystals, and that these, by their mechanical (pointed) character, and perhaps from their chemical nature, irritate and so produce the attacks. In respect to treatment, the author observes that in this disease the ordinary treatment of bronchial catarrh is useless; he gives narcotics with good effect, opium, morphia, belladonna, stramonium, chloral hydrate, during the attack. To meet the disease itself, he uses bromide and iodide of potassium. Looking to the very ready solubility of the crystals in alkalies, he has used inhalation of chloride and carbonate of sodium with good effect in some cases.—*Glasgow Med. Journ.*, August, 1872, from *Virchow's Archiv*, March, 1872.

14. *Cold-water Treatment of Typhoid Fever*.—Dr. E. SCHOLZ, it is stated (*Deutsches Archiv f. Klin. Med.* ix.), since the year 1868, when he introduced the cold-water treatment of typhoid fever into the Bremen Hospital, has treated 125 patients—82 men and 43 females—the majority of whom were aged between 15 and 30 years. Of these cases, five, or about four per cent., terminated fatally. The temperature of the cold baths into which the patients were immersed varied from 8° to 16° R., according to the season of the year, and according as the medium temperature of the patient's body throughout the day exceeded or fell short of 39° C. In severe cases, in addition to the cold bath, cold applications were made to the chest, and over the abdomen. The leading circumstance which, according to Dr. Scholz, contraindicates the employment of cold baths, is the occurrence in any case of intestinal hemorrhage, because of the necessity of the patient being then kept in perfect quietude; but even in such cases the application alone of ice to the abdomen will be found beneficial, and may be continued until the debilitating effects from the loss of blood are recovered from. It may also be remarked that the cold bath is inadmissible in those rare cases where the fever attacks individuals of broken-down constitutions, drunkards especially, and the temperature of whose bodies continues depressed, seldom rising to 39° C. Dr. Scholz relates a case of this kind, in a girl 19 years old, who was destroyed by the cold bath. She was affected with emphysema of the lungs.

The statements of Dr. Scholz as to the beneficial soothing influence of the cold-water treatment in typhoid fever upon the functional nervous centres, and upon the digestive and cutaneous systems, are fully borne out by the history of the cases that were subjected to it. It is said by Dr. Scholz, that of five cases attended with intestinal hemorrhage in which the remedy employed was the liq. ferri sesquisulph., only one terminated fatally. In some severe cases of the fever, occurring mostly in delicate females, on the eighth or tenth day of convalescence there was experienced severe dental hyperæsthesia.—*Centralblatt f. d. Med. Wissenschaften*, February 24, 1872. D. F. C.

15. *Cold Water in the Treatment of Abdominal Typhus in the Royal Julius Hospital at Wurzburg, during the years 1870-71*.—Dr. F. RIEGEL states in the (*Deutsche Archiv f. Klin. Med.*, ix., 1871), that the cold-water treatment of abdominal typhus was marked by considerable mildness. The temperature of the "half baths" which were employed, was 20 R., hence the patients were

enabled to remain in them for ten minutes at a time, without experiencing any especial inconvenience. They would often, as they lay in them, take a shower bath of cold water. These baths were continued until a temperature of 39.5° was attained. In the intervals between the baths, cold compresses were applied over the abdomen. These were found to be preferable to bladders filled with ice, the latter, from the powerful impression they made, caused immediately an extreme contraction of the peripheral bloodvessels, so that the cooling effect caused by the diminished circulation at the surface of the body was, it is probable, productive of injury rather than of good.

Of one hundred and fifty-six typhoid patients treated during the years 1870-71, in the hospital—including only the well-marked severe cases—only seven proved fatal; while in former years, before the adoption of the cold-water treatment, in the same hospital, the mortality among the typhoid cases reached 20 per cent.

It was observed by Jurgensen and Hagenback, so, also, by Dr. Riegel, that in his typhoid patients, very often there occurred a severe burning pain in the soles of the feet, so that there appeared to be a connection between this symptom and the cold water treatment. Intestinal hemorrhage was of less frequent occurrence than under the former expectant treatment. It is here, perhaps, that is shown the beneficial action of this mode of treatment.—*Centralblatt f. d. Med. Wissenschaften*, No. 27, 1872.

D. F. C.

16. *Variola and Typhus Fever occurring at the same time, in the same Individual, and running their Course together.*—In the *Berliner Klin. Wochenschr.*, 1872, No. 11, Dr. TH. SIMON states that an individual labouring under a recent slight attack of smallpox, was admitted as a patient into the Hamburg Hospital. Shortly after his reception there were developed in him the premonitory symptoms—intumescence of spleen, disturbance of sensorium, and the peculiar aspect of the stools—of fever evidently of the typhus type. During the desiccation of the pustules, there made its appearance a very copious eruption of roseola. The case terminated favourably.

Dr. Simon took opportunity to state that he had, during the prevalence of the variolous epidemic in Hamburg, frequently witnessed the early and widespread prevalence, among typhus patients, of a roseolar eruption, most probably the result of an influence exercised by the presence of the variolous epidemic.—*Centralblatt f. d. Med. Wissenschaften*, May 18, 1872, from *Berliner Klin. Wochenschr.*, 1872, No. 11.

D. F. C.

17. *Bromide of Potassium in Epilepsy.*—Dr. LEGRAND DU SAULLE has published the results of the administration of bromide of potassium in two hundred and seven cases of epilepsy. Headache, gastric disturbance, disturbance of sensation, and other troublesome symptoms, have been described as following the use of the remedy; but these he has not found to occur when the drug has been pure. When the quantity taken daily reaches 4 grammes, the reflex sensibility of the fauces, epiglottis, and root of the tongue, and the sensibility of the generative organs, are diminished. Acne then also appears; which is not, however, as has been represented, of critical importance. Dr. Legrand du Saullé commences with a gramme and a half or two grammes daily, and increases the dose gradually to 6 or 9 grammes a day: in one case, in the course of twenty-six months, the increase was to $14\frac{1}{2}$ grammes daily. In men, no result may be observed till the daily dose reaches 4 or 5 grammes; in women, 3 or $4\frac{1}{2}$ grammes daily will sometimes produce distinct effects. Of 207 epileptic patients treated with bromide of potassium, all symptoms of epilepsy ceased in 17, who were under observation during three or four years; 28 remained free from one to two years; in 33 there was marked improvement; in 19 the intervals between the attacks were increased, and these were less severe; in 110 there was no result. Dr. Legrand considers that it is not safe to entirely omit the use of the bromide, even when there has been no epileptic attack for a year. The patients, however, must be watched; for, under the prolonged use of the bromide, mental disturbance, stupor, confusion of ideas, impotence, and acne, are apt to set in. The last-named affection has sometimes disappeared

under the use of arsenic simultaneously with the bromide of potassium.—*British Medical Journal*, August 3, 1872, from *Gazette des Hôpitaux*, Nos. 21 and 22, 1872.

18. *Lactic Acid Treatment of Diabetes*.—Two papers on this subject, one by Dr. BALTHAZAR FOSTER, the other by Dr. JOHN W. OGLE, were read before the British Medical Association at its recent meeting. Dr. Foster, in his paper, called attention to the low temperature which he had observed in diabetes, and the bearing which this had on the respiratory theory of the disease. By means of diagrams, the daily excretion of sugar and water, the specific gravity of the urine, and the body-weight of each patient were represented graphically, under ordinary diet, animal diet, and under treatment by lactic acid. An analysis of the diagrams showed that under the acid treatment the quantity of urinary water was notably diminished, and in a less degree the daily amount of sugar excreted. The specific gravity of the urine was less affected. The bodily temperature rose under the use of lactic acid, and the functions of the skin were restored. Dr. Foster also observed that the acid exercised a favourable influence on the lung-complications in some cases.

Dr. Ogle, in his communication, described several cases of saccharine diabetes, in which he had, in addition to the use of a non-amylaceous diet, used lactic acid in considerable quantities. The details and results of some of these had been already mentioned in some of the weekly periodicals; and Dr. Ogle now brought before the Section the particulars of two cases which had recently been under his care at St. George's Hospital, and of which daily notes, with registration of amount of urine and its specific gravity, of the weight and sometimes temperature of the body, had been carefully noted. The two cases were admitted into hospital on the same day—one being a male aged 20; the other a female aged 28. In both cases meat, and non-amylaceous vegetables, with gluten bread, etc., were given for several days, without the administration of any remedies. In the case of the woman, who was treated for eleven weeks before the lactic acid was given, the urine ranged in quantity between 112 and 178 ounces per diem; after the use of the acid the quantity quickly sank, and throughout its use fluctuated between 40 and 70 ounces daily, one day being as low as 30 ounces. During the whole of this time the specific gravity remained much the same as when the patient came to the hospital. In the case of the man, who was treated for seven weeks, under the lactic acid treatment, no marked diminution of urine and no change in the specific gravity was observed; but, after its long-continued use, whether owing to it or not was doubtful, great constipation came on, requiring active aperients. As regarded the weight of the body, in both cases during treatment it fell; in the man from 8 st. 5 lbs. to 7 st. 7 lbs., in the woman from 7 st. 3 lbs. to 6 st. 8 lbs. In the case of the man the temperature was chiefly above the normal, on one occasion only being below, and then it was 97.4—on one occasion reaching 102.8. In the woman it was almost always below the normal, mostly being below 98. In both cases the morning and evening temperatures were often taken, but neither one nor the other was uniformly below or above the other. In both cases the lactic acid was increased until four drachms were taken in the day, and this was persisted in for several weeks. In neither case were any sting-like pains, rheumatic or other, complained of during the entire treatment, and in neither was any noticeable perspiration produced. In both cases the sweet and hay-like smell of the breath existed. In neither case was there any indication of interference with or affection of the nervous system; power of movement of the entire muscular system, and sensibility, both general and of particular organs, were entire throughout. The uvula, palate, and pupils were natural. In neither case was there albumen or uric acid in the urine; and in neither was there any decided lung-mischief manifest, though a degree of harshness of respiration was perceptible in the woman. Although in one case a decided diminution of the amount of urine without increase of specific gravity followed the use of the lactic acid, yet in both cases flesh and strength were lost, and Dr. Ogle did not think that these cases showed that any benefit arose from treatment.—*Brit. Med. Journ.*, August 24, 1872.

19. *Treatment of Diabetes*.—Dr. WM. RICHARDSON, who was himself a sufferer from this disease, effected a cure in himself, and subsequently in various patients under his care, by adopting a plan of which the following are the essential features: The employment of regular and steady exercise; ablation of the skin daily with soap and water; the use of a bath containing a tablespoonful of carbonate of soda twice in a week; exposure of the surface of the body as far as is practicable to the sunlight, and the continuous use of iron, which he uses in the form of tincture of the perchloride in four or five drop doses, with one or two drops of tincture of nux vomica and eight or ten grains of chlorate of potash three times daily. He is an advocate of a restricted diet; but when the plan of treatment which he suggests is carried out fully, he finds that a considerable amount of relaxation as regards food is not injurious. He regards the sudden adoption of a very restricted diet as likely to prove highly prejudicial. Dr. Richardson's present dietary is sufficiently liberal, and, besides meat, includes brown bread with plenty of fresh butter, macaroni, and rice, potatoes sparingly, and at all times a little dry fruit. Even a few glasses of champagne occasionally he does not find at all injurious.—*The Practitioner*, July, 1872, from *Dublin Journ. Med. Science*, April, 1872.

20. *Treatment of Rheumatic Gout by the aid of the Galvanic Battery*.—Dr. JULIUS ALTHAUS, in a paper read before the British Medical Association at its recent meeting, offered some remarks on the nature and pathology of rheumatic gout, which he likened to the atheromatous process in the internal tunic of the arteries occurring in old people, and which, he said, was one of those highly insidious and chronic inflammatory conditions characteristic of the period of involution and senile decay. After glancing at some results of recent microscopic research in the morbid anatomy of rheumatic gout, the usual treatment of this disease was criticized, and found to be open to improvement. The author had for the last six years, sought and found opportunities to use the constant current in such cases, and had been well satisfied with the results. It could not cure rheumatic gout; it could not prevent the patients from advancing in age, nor check altogether the process of involution and senile decay to which the system must in the end succumb; but it did good in the following ways. 1. It acted as a general tonic to the system, and improved all the most important functions of the body, if applied in a peculiar manner which was described in the paper. 2. It procured sleep, even in cases where opiates or chloral did not answer. 3. It relieved the pain. 4. If perseveringly applied, it reduced deformities. The author did not wish to imply that the use of internal remedies should be altogether eschewed in the treatment of this disease, as by thus acting we should only deprive ourselves of many chances to do good to our patients; but in the cases treated by him, he had given the first place to the constant current, and given medicines internally only for removing complications. He laid stress upon the necessity of persevering with the galvanic treatment for a considerable time, in order to do permanent good; and gave directions as to the way in which the treatment should be carried out.—*Brit. Med. Journ.*, August 24, 1872.

21. *Tubercular Meningitis*.—Dr. BIERBAUM terminates an elaborate paper on this disease with the following conclusions:—

"1. There is an hereditary predisposition to this. It is seldom confined to one case in the same family, several of the children, as a general rule, becoming subjects of it. The disposition may, however, be also acquired. 2. Such predisposition consists in the scrofulo-tubercular diathesis. There is no essential difference whether this diathesis makes itself known by altogether indubitable symptoms or only shows itself by constitutional debility, which is nearly related to scrofulosis or tuberculosis, and leads to this disease. 3. It is nowise a necessary condition that the father or mother of the child should at an earlier period have been the subject of the disease. 4. The direct transmission of the scrofulo-tubercular diathesis from the parents to the children is of far greater etiological significance than the occurrence of the predisposition among collaterals. 5. Meningitis tuberculosa is peculiarly a disease of infancy, appearing far more

frequently during the first than the second dentition period. 6. The sex exerts no special influence on its frequency. 7. Whether the warm or cold season of the year most favours its occurrence is not decisively settled. 8. Climatic, social, and anti-hygienic conditions are only so far operative, as they influence the production of the scrofulo-tubercular diathesis. 9. This cerebral affection does not assume an epidemic character. 10. The exanthemata, and especially measles, are exciting causes of great importance. 11. Inflammatory affections of the respiratory organs more seldom give rise to this disease than pertussis. 12. In the abdomen lies a fertile source of many exciting conditions."—*Med. Times and Gazette*, August 17, 1872, from *Journal für Kinderkrankheiten*, No. 12, 1871.

22. *Erectile Tumour of the Intestinal Canal*.—M. LABOULBÈNE, one of the candidates at the Académie de Médecine for the vacancy in the section of pathological anatomy, was fortunate enough, in the paper which it is customary to read announcing his pretensions, to be able to lay before the Academy, at its meeting on the 4th inst., an account of what he believed to be an entirely new fact in pathological anatomy—viz., the occurrence of erectile tumours in the alimentary canal. A patient, aged 74, having vomited blood and passed it by the anus, it was diagnosed, after a careful examination, that he was suffering from ulceration of the duodenum. He died in the course of some hours, presenting the signs of internal hemorrhage. A most careful autopsy showed that almost all the organs were in a state of complete integrity, considering the age of the person. In the duodenum, however, a little lower than the orifices of the bile and pancreatic ducts, was found an oblong tumour the size of an almond, its projection being very visible when the blood which filled the duodenum had been washed out. Examined under water, the mucuous membrane which covered the tumour presented a small, irregular ulceration, whence the recent discharge of blood had evidently issued. Two other blackish points seemed to indicate former orifices, which had undergone repair. On cutting through the tumour it was found to have invaded the entire substance of the mucous membrane, the muscular fibres and peritoneal coat being still recognizable. The mass consisted of capillary vessels of various sizes, which were dilated at several points, the dilatations being either uniform or only lateral. M. Laboulbène regards the tumour, in fact, as being precisely similar to erectile tumours met with on the surface of the body. Similar tumours, hitherto unobserved in this locality, may have given rise to fatal intestinal hemorrhages, the causes of which have remained unknown.—*Med. Times and Gazette*, June 29, 1872.

23. *General Bony Metamorphosis*.—Mr. EDWARD HAMILTON exhibited to the Pathological Society of Dublin, March 16, 1872, a remarkable specimen of morbid deposition of bone. Of the patient, a woman about 30 years old, no satisfactory clinical history existed; she had apparently been of a rickety constitution. After death, the thyroid body was found large and congested; the lungs were congested, the left lung being reduced in size. The vascular system was healthy, with the exception of a few specks of atheromatous deposit in the aorta. The abdominal viscera were generally healthy. The skeleton, which Mr. Hamilton exhibited, had undergone extraordinary changes. The upper part of the skull was normal; and no bony deposit had taken place in the meninges of the brain. The temporal muscles were atrophied, chiefly from disuse. The lower jaw was entirely ankylosed; and a ridge of bone ran perpendicularly down from the left zygoma. The patient had fed herself through a space formed by the loss of some front teeth. The head was firmly fastened to the cervical vertebræ. The spinal column was curved like the letter S. On the left side a mass of bone had formed in the areolar tissue between the pectoral muscles; and on the right side, in the same situation, a mass of bone bound together the humerus, the coracoid and acromion processes of the scapula, and the ribs. The pelvis was large and oblique. Massive stalactiform bony processes connected the ilium, trochanter, and femur, on each side. The bones of the legs were comparatively free from disease. The ankle-joints were stiff, and the plantar ligaments were extensively ossified. The erector spinæ muscles were

changed into enormous plates of bone running down to the crest of the ilium. The latissimi dorsi had also become metamorphosed, and a ridge ran from the occiput to the left scapula. The whole body had an inclination to the left side; and the left thorax was contracted. Mr. Hamilton suggested that Nature, in endeavouring to compensate for a rickety tendency, had acted too energetically, and that an excess of bony deposit had thus occurred. The microscopical examination of the abnormal formation showed the Haversian system of true bone. Dr. E. H. BENNETT, in presenting a cast which illustrated similar ossific metamorphosis of tissue, referred to the history of William Clarke, who was born in the county Cork, in 1677, and lived to the age of nearly 67. The skeleton of this man, which has been in the possession of the University of Dublin for more than one hundred years, was shown by Dr. Bennett. It presented characters almost identical with those of Dr. Hamilton's case. Particulars of the history of Clarke were to be found in the *Philosophical Transactions* for 1740, and in the second volume of Smith's *History of the City and County of Cork*. In the latter account, the man's posture some time before death is rather quaintly described, as being "somewhat like that of the Venus of Medicis;" and the author, after giving a very accurate account of the abnormal bony formation, proceeds to say that "it would require a volume of itself, composed of a new kind of osteology, to give a minute description of this surprising skeleton and its irregularities—being as difficult a task as to describe Calypso's grotto." The cast shown by Dr. Bennett was of the back of a healthy girl, aged 11, one of a family of seven healthy children, in none of whom was there any history of rickets. While she was still at the breast, a tumour began to show itself at the inner and upper extremity of the right scapula. Subsequently, a plate of bone became developed from the right ilium to the scapula. The jaw was still free, but the bony growth was slowly but surely advancing.—*Brit. Med. Journ.*, June 1, 1872.

24. *Ichthyosis treated by Sulphate of Copper*.—Dr. DUMESNIT reports (*Repert. de Pharmacie*) a case of ichthyosis of the nose, which had resisted various remedies, internal and external. Dr. D. then prescribed an ointment of four parts of sulphate of copper in thirty parts of benzoated lard, under the use of which the cutaneous affection disappeared in about three weeks. It returned, however, a month later, when the same application was resumed and persisted in, and the patient continued free from the disease up to the date of the report, two years after the remedy was first used.—*Journ. Med. de Bruxelles*, May, 1872.

25. *Root of Abroma Augustum in Dysmenorrhœa*.—Dr. BHOOBUN MOHUN SIRCAR extols the efficacy of this article in dysmenorrhœa, and says he has employed it for some twelve years, in upwards of five hundred cases, with the most beneficial results.

This plant, called in India Olutkombol, belongs to the natural order Bythneriaceæ. It grows to be a handsome small tree, having simple alternate palmately divided hairy leaves, and beautiful showy purple flowers, drooping on long peduncles; sepals five, united at the base, having an epicalyx; petals, same in number as sepals. Stamens not columnar, and united to the claws of the petals; two-celled introrse anthers and smooth pollen. Fruit is a capsule, composed of a few carpels, containing numerous black seeds; bark tough and fibrous; roots slender, and numerous branched. It is a tropical plant, and abounds in various parts of India. The official part of the plant is the root. The roots are covered with thick easily separable bark; within the bark is a thick, viscid, tenacious, white fluid, which seems to be the active principle.

Use.—When administered during the menstrual period, the patient, if suffering from dysmenorrhœa, is relieved from the pain, and usually no catamenia appears during the following month, consequently there is no recurrence of pain. Sometimes the menses do appear on the next catamenial period, but are not attended with pain. In young married women, the cessation of the menses, and consequent non-occurrence of pain, are followed by conception. When one administration of the drug fails, it should be repeated; young women under twenty years of age seem to be specially benefited by its use. The curative action of this

medicine is seldom ineffectual in the neuralgic and congestive forms of dysmenorrhœa, or the modifications of both these forms; but it is of no use in the mechanical form of the disease. Slender fresh roots, from the size of a swan-quill downwards, should be preferred. ʒss to ʒij of the root should be well rubbed up with eight or nine black peppers in a little water, and should be taken in the morning on an empty stomach. This dose should be repeated for seven days successively, commencing from two days before the appearance of the menses, and continuing until two days after their cessation, that is to say, two days before the appearance of the menses, three days during the flow, and two days after their cessation, making altogether seven days. In case of missing the two premenstrual days, the medicine can be taken on the first day of the appearance of the menses, and continued for seven days, with equally good results.—*The Indian Med. Gaz.*, July 1, 1872.

26. *Elimination Theory of the Cure of Diseases.*—Dr. F. E. ANSTIE in several papers (*The Practitioner*, vol. viii, pp. 161, 289, 356) has investigated the action of the organism when poisoned with narcotic doses of alcohol, and its behaviour in presence of mineral poisons, and in neither case has he found the least reason to believe that there was such an escape of the poisonous matters as could produce any considerable remediable effect. In the No. of the same Journal, for August, of the present year, he examines a different class of poisons, the alkaloids, in order to see whether they, by their manner of elimination, afford any analogical support to the theory of Nature's cure of diseases by expulsion of morbid matters from the body; and arrives at the conclusion, that the results of his researches lend no support whatever to the idea that preservative design is the basis of alkaloidal elimination. "Here, as before, we are only able to recognize the ordinary physical phenomena of endosmose and exosmose, and mechanical circulation by diffusion, supplemented of course by the action of the heart, which pumps the blood into the ramifications of the arterial and capillary systems."

SURGICAL PATHOLOGY AND THERAPEUTICS, AND OPERATIVE SURGERY.

27. *Treatment of Aneurism.*—Mr. OLIVER PEMBERTON, Professor of Surgery in Queen's College, Birmingham, in his address on Surgery before the British Medical Association at its recent meeting, called attention to some most interesting points connected with the treatment of Aneurism and read the following interesting and very instructive remarks:—

"Professor Lister's improvement in the Hunterian operation, by which the permanent closure of the artery at the spot tied can be insured, without dividing the coats of the vessel, at once effects a complete change in some of the most important conclusions that for long years have guided us in our treatment of aneurism. One of the greatest dangers attending the Hunterian operation has hitherto been considered to be the application of the ligature immediately beyond any considerable branch of an artery. This impression has deterred surgeons from applying a ligature to that portion of the artery which otherwise would have seemed to them best adapted for the purpose. That an abiding coagulum will form under certain circumstances in the vicinity of almost any number of branches on the proximal side of a ligature, I am perfectly satisfied; but the attainment of this success in many cases depends on a fact which it is almost impossible for the surgeon to estimate beforehand; that is, the facility with which the blood will coagulate or deposit its fibrin in any particular instance. In the case I am about to relate, the existence of this tendency, in a much greater degree than usual, was the main cause of the success of the operation.

"In June, 1870, I saw F., aged 60, strumous from childhood, and highly intel-